
"I am loth to cease. We are not enemies, but friends. We must not be enemies."
—LINCOLN.

# BULLETIN

of the

Mahoning County Medical Society

Vol. X No. 2
February 1940

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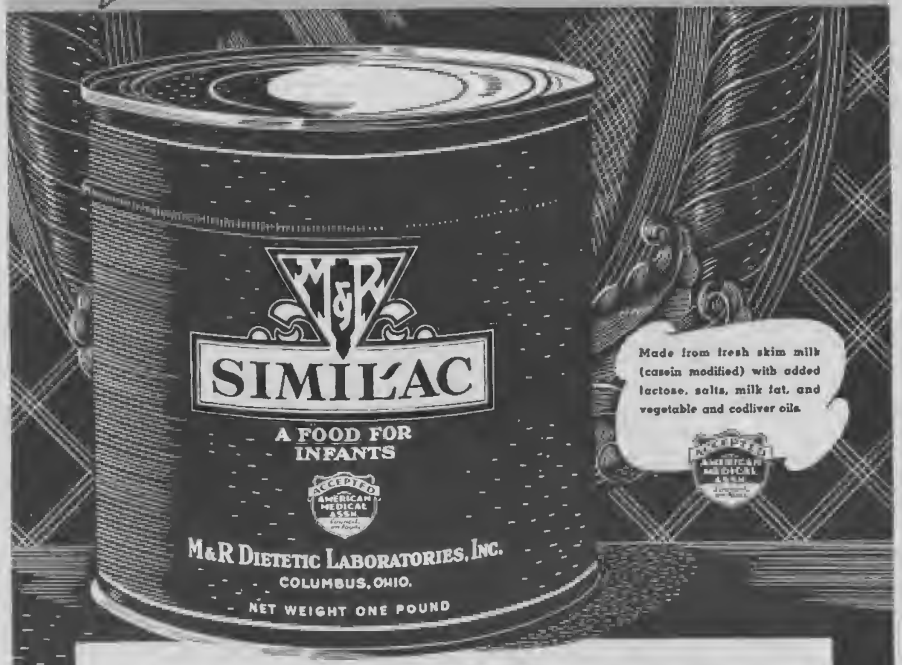


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* Holt, Tidwell & Kirk — Acta Pediatrica Vol. 1, 1938

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# BULLETIN
# THE MAHONING COUNTY MEDICAL SOCIETY

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Vol. X—No. 2

## CONTENTS

February, 1940

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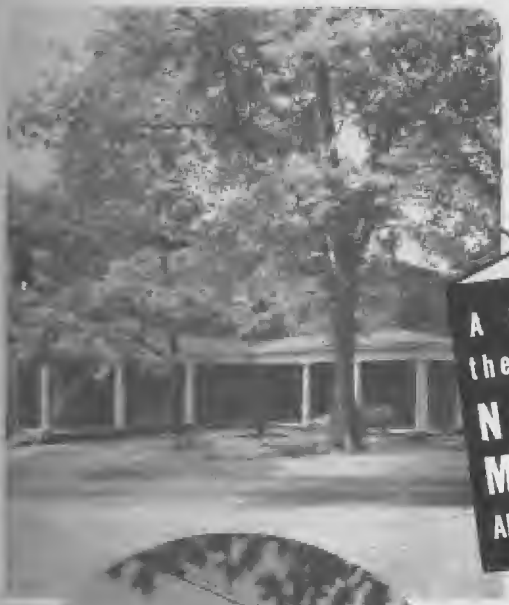

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ETHAN A. PAISLEY
BUSINESS MANAGER

# PRESIDENT'S PAGE

The special reason for the existence of the medical profes sion is the service it can render humanity.

The premise upon which organized medicine is founded is the avowed purpose of furthering the art and science of medicine with its practical application to the people. The maintenance of health, remedial measures to the suffering and the postponement of death when possible are the chief aims of medical services. The medical profession is not a trade union and is not especially concerned with the hours or place of work. It does not build trusts or monopolies, excludes no qualified competitors and does not retain any worth while discoveries for its own profit. It does not specifically engage in political activities and calls no strikes. It answers calls from the storm and windswept country, the streets of the village, the boulevards of the city and the desolate fields of battle. It demands that each physician meet the standards which equip him to render good medical care.

The medical education has made tremendous strides in the more recent decades. There is a strong demand that the applicants for the study of medicine be endowed with good mental fabric, good moral character and intellectual honesty.

The extreme degree of individualism in the practice of medicine is beginning to fade. However, it will probably always be individualistic to a considerable degree because of the nature of its operation, i.e., physician-patient relationship.

In the days gone by a single physician took responsibility for all the ills of the patient. Now coöperation and coördination between physicians and surgeons representing special skill in various lines of medical endeavor are required to consumate the best service to the patient.

R. B. POLING, M. D.,
*President.*

BULLETIN of the Mahoning County Medical Society

FEBRUARY 1940

# Editorials---

### Costliness of Neglect

Elsewhere, among other things concerning Washington, you will find a reprint in which is related a story of his strategy in the inoculation of the soldiers in relays. This reprint is timely, for the reason that we are as late as today in neglecting vaccination, so that for 1937 the U. S. led all nations of the world, except India, in the number of smallpox cases reported. In 1937 there were 11,673 cases, and in 1938 the number reached the highest in five years, approximating 15,000 cases.

Why? "Failure to vaccinate." Neglect to use safe measures for the prevention of dangerous diseases, when they are freely available, is at least costly. Some might be tempted to use stronger adjectives in the premises.

---

### Population Problems

Dr. Patrick's interesting article, "Trends in Our Population," *Bulletin,* January, 1940, brings to mind Several Practical Problems.

What changes in the age structure can be anticipated? The answer is important, for instance, in the fields of education and old-age security.

What may we expect as to the actual numbers in all the age groups? As to the rate of increase or decrease of population.

Among what economic and mental groups may we expect stabilization, increase or decrease?

What effect will migration have? Births? Deaths? Fertility?

These are important questions. Those whose duties require wise planning must have some fairly definite fore-knowledge as to what to expect.

### Veterans Fight On

In giving the Fever-Unit to St. Elizabeth's Hospital and the Mahoning County Medical Society, the Crippled Veterans deserve decoration as Soldiers of Peace. We need not be surprised at their generosity, because such accords with their valiancy during and since their military days.

While accepting this very useful contribution, we should give grateful thought to the sacrifice of the donors, the Veterans, to make the gift possible. May their victories continue!

---

### Postgrad Set-up

Dr. McCann reports that the date is definitely set for Postgraduate Day; viz, April 24th, 1940.

You will hear much about the program later, but it really is too good to keep back.

Johns Hopkins furnishes the Faculty, four men, who are:

Drs. Warfield T. Frior, Chief of Surgery; Richard TeLinde, Professor of Gynecology; Benjamin Baker, Associate in Medicine; and Lloyd Lewis, Chief of Genito-Surgery.

The subjects:

1. The causes of Post-Menopausal Bleeding—Dr. TeLinde.
2. The Effect of Treatment of Headache—Dr. Baker.
3. The Neurological Diseases of the Urinary Bladder—Dr. Lewis.
4. Practical Aspects of Endocrinology—Dr. TeLinde.
5. Consideration of Acute Circulatory Collapse—Dr. Baker.
6. Urological Significance of Hematuria—Dr. Lewis.
7. The Prevention and Treatment of Tetanus, with Special Emphasis on the Use of Toxoid—Dr. Frior.

## ANNUAL BANQUET COMPLETE

"Nothing was lacking," is the unanimous verdict on the Annual Banquet of the Society, held at the Youngstown Club, Tuesday evening, January 16th. The crowd was large and happy and included many of our good neighbors, whom we always enjoy. The dinner was *a la* Jim McGoogan and his assistants, which means that it was just right; the music, as always when Miss Ruth Autenreith's aggregation delivers, was superb; the musical clowns, led by that peer of all musical funmakers, Harold Ditmansen, performing outside the banquet hall, kept up a merry, tuneful din until quitting time.

Three masterful addresses constituted the solid mental pabulum.

First was that of the State President-Elect, Dr. Wm. M. Skipp. The high excellence of his effort was in its very judicious brevity. The audience showed its pleasure that Dr. Skipp had recovered from his recent accident.

Next came the Editor. His may as well be set down as a real "bouncer" —it bounced all over the place, but landed nowhere. It may have been a "beauty," too but nobody will ever know—for the good reason that nobody, including the speaker, heard it. (Let that teach you, Mr. Editor!) It did, darling.—Ed.)

The principal speaker was Dr. Wm. Stanley Sims of New York. Dr. Sims is a graduate of Heidelberg and New York Universities. He starts his performance as Dr. Eric Von Austrilitz. As one may judge by the presence of every criterion, his address was 100 per cent what the fellows wanted. The speaker touched in a hilarious way upon many subjects, dealing deftly with socialization of medicine, razzing the audience, Americans and previous speakers—all in fine fun. The first half of this was in "European-English"; then instantly he changed into clean cut, pure and elegant "American." This was very effective.

The final feature was magical, and that is just the right word! Mr. Kingdon Brown showed everything but revealed nothing. His tricks were novel, artistic, entertaining and very very clear. Not the least enjoyable of his part on the program was his efficient assistant, the lovely Mrs. Brown.

Such a successful affair doesn't just happen. Back of it were Drs. Poling, McCann, Fisher, Nesbit, Rothrock and many others. These men work for us, and to them should go our thanks.

## "HAD YOU NOTICED IT?"

"Totally lacking in both subtlety and originality, practically all the so-called humor directed at political personalities is further characterized by filthy allusions to the equine or canine species. The incongruity of using these noble animals for such comparison is exceeded only by the stupidity thus exhibited. Such things suggest lip-service and contempt for democracy, rather than devotion to it, as the vehicle of government."

SENATOR AUGUST GARLAND.

## MEDICAL MOVIES

The practical importance of moving pictures in medicine is just now being realized. This was well demonstrated by a film on Coramine, recently brought to the Staff of the Youngstown Hospital Association by Dr. E. C. Baker, program Chairman.

When done in color, with excellent lighting and judicious "takes," the result is graphic, the subject quickly grasped, and, at the same time, what could have been drudgery became delightful entertainment.

# A THOUGHT ON PNEUMONIA

By Wm. P. Reckley, M. D.

Up to last winter Pneumonia was "boss"; i.e., according to the patient's "resistance" and "nursing care" he survived or died. Now comes "sulfapyridine" and we find mortality reduced.

Serums are being used less with all the pneumonia types. Since a definite type often becomes a mixed type quickly, serums often fail. Also, to be of any value, they must be given early and in abundance. Anyway, the favorable results were in types of pneumonia which usually survived anyway.

Is it not possible that "Pneumonia, *per se,*" is not Pneumonia (Pneumococcus) but an invasion of an acute filterable virus? The thought seems to gain support from these facts: The damage is done in the first 72 to 110 hours. The primary cause is augmented by secondary infection, such as Pneumococcus or allied cocci groups. The sputum often shows mixed infection, especially in the presence of bacteremia.

Postmortem findings in the Flu Epidemic of 1918 showed the lungs as fiery red, with purulent sero-sanguinous exudate. All this seems to suggest a filterable virus acutely attacking, which, with secondary invasion, gives us the clinical picture and different types of pneumonia, so called.

Treatment: Give sulfapyridine, but keep another thought in mind: laboratory studies show that adrenal cortex stores most (estimated about 80%) of the cevitamic acid reserve in the body (also stored in lesser amounts in the small intestine and liver and in the vitreous humor of the eye.) Also adrenal cortex investigations and clinical study show that the cortex regulates sodium (Na) ion. The adrenal body controls adrenalin.

In pneumonia we find sulfapyridine causes nausea. This is the chief reason for stopping it, but when a sodium ion ($NaHCO_3$) or mineral drink containing Na ion (milk or fruit juices, chiefly citrus) the drug can be in most cases continued, the nausea being eliminated.

G. Bourne says there is a connection, as yet not clearly understood, between Vitamin C and adrenal (cortical) Hormone. The reduced immunologic response frequently seen in Vitamin C deficiency may be the result of the body's lessened ability to form "COLLAGEN," a substance which aids in segregating infectious organisms.

Appearing in the literature is evidence that Vitamin C is vitally concerned with Carbohydrate Metabolism in the production of adrenalin.

Adrenalin increases glycogenolysis in liver and muscle. It is thought to increase glycogenolysis in the liver through its surface activity, whereby it lessens absorption of glycogenase. Glycogenase function is to hydrolize glycogen to glucose. However, absorption of it into a surface renders it inactive and lessens the production of glucose. Insulin decreases the production of glucose.

This suggests Vitamin C (along with other therapy), whether it be preferably pure Cevitamic Acid or citrus fluids. It should be given very freely during the first five days as is sulfapyridine. The least effective amounts in my experience with acute infection, is 16 to 25 Mg. of Cevitamic Acid. Anyway, it is non-toxic, so it is better to give too much than not enough. Intravenous use is advocated in early stages of acute infection.

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## WEAVER, SEC'S CLICK

On Thursday evening, the 25th of January, Dr. Samuel Wood Weaver spoke to some 63 members of the Doctors' Secretaries Organization, at a dinner meeting held at the First Reformed Church. Dr. Weaver's subject was "Brain Tumors." It was very evident that his audience grasped and enjoyed fully his excellently presented explanation of the signs and symptoms encountered, the radiographic studies in diagnosis, and his clear discussion as to treatment and outlook. His object in presenting the subject was to acquaint these young women with such problems because they are the "contacts" of their doctors with the public, they are frequently asked questions, and their good influence should be enhanced by their ability to show intelligent interest.

This organization is made up of the office assistants of Doctors and Dentists who are members of the Medical-Dental Bureau. They rightly regard their part in medicine as important, and their purpose is to rise to their responsibilities — as is amply shown in their ambitious programs.

For this meeting Miss Florence Pennell acted as Chairman of program and arrangements, and she was assisted by an enthusiastic Committee. Miss Betty Hayden is President, Miss Helene Eckel, Vice-President, Mrs. Eugene Flynn, Treasurer, and Mrs. Myron Zabel, Secretary.

The organization meets monthly. The next meeting will be held on Tuesday evening, February 20th, at 8:00 P. M., at the First Unitarian Church. Mrs. M. J. Hanni will present a Book Review. Miss Hayden is the Chairman for that meeting. Members may bring guests.

## FROM THE SECRETARY

At the regular Council Meeting, held January 8th, 1940, Dr. Dean Nesbit was appointed to fill the vacancy in the office of Delegate, created by the election of Dr. O. J. Walker to the position of President-Elect. Council then elected Dr. W. H. Evans to fill the vacancy of Alternate Delegate, previously held by Dr. Nesbit.

The Annual Banquet was held January 16th, at the Youngstown Club. Credit for the enjoyable evening goes to Wm. Stanley Sims, Ph.D., of New York, speaker, Mr. Kingdon U. Brown and Harold Ditmansen. Music was furnished by Miss Ruth Autenreith and her Orchestra.

## BY-LAWS APPROVED

Dr. John Noll, Secretary,
Mahoning County Medical Society,
101 Lincoln Ave.,
Youngstown, Ohio.

Dear Dr. Noll:

This is to officially inform you, as secretary of the Mahoning County Medical Society, that The Council of the Ohio State Medical Association in regular session on December 10 approved additions and amendments to the constitution and by-laws of the Mahoning County Medical Society, which had been adopted by that society and which were submitted on October 19, 1939, to The Council of the State Association for consideration.

Sincerely yours,

CHARLES S. NELSON,
*Executive Secretary.*

# FINDINGS FROM THE FIELD

## John Barleycorn

In December, 1933, the 18th Amendment to the Constitution was repealed and the sale of intoxicating liquors once more became legal in the land. Home brew was officially buried and "R.I.P." written over many large jugs and mixing urns. Bathtub gin became a legend.

The new order of drinking got under way swiftly.

Thus the return of drinking. What have been the results since those days five years ago? Though brief and perhaps inconclusive, some figures are before me which seem to throw interesting side lights on the return of John Barleycorn. They apply to New York City or to New York State except when otherwise set forth.

Hospitalization records furnish some interesting information in this respect. These records in New York City show that in 1929 there were 7,066 cases hospitalized for alcoholism. In 1936 these rose to 12,377.

In 1932 the total alcoholic patients at the Haymarket Square Relief Station of the Boston City Hospital constituted in males 3.74% and females .046%. In 1936 this figure had risen in males to 5.53% and in females to 1.04%. The increase in the female percentage is particularly striking.

Of 16,054 persons in the group of alcoholic patients studied (Boston), in the years following the repeal of the prohibition law there was a marked increase in the number of women who required hospital treatment because of alcoholism (from 2.3% in 1926 to 9.2% in 1936).

The great majority of the house patients required care for only one day or less. The majority of men requiring hospital treatment were single. In 1924 only four men received were diagnosed delirium tremens; in 1937 62 men and 8 women were admitted for delirium tremens.

Most insurance underwriters agree that more liquor is being consumed today than formerly, and this opinion would seem to be confirmed by some of the figures which have just been quoted. These same insurance underwriters, however, make the point that drinking is probably on a higher plane than in former years. Some of them doubt very much that drinking is carried to the former extreme by as many individuals as it once was. In support of this contention is the fact that it is more public and less of a "stunt" to drink than before. All agree that the absence of the racketeer is a highly praiseworthy factor. All agree that the increased drinking among women is a matter of importance and one which will require a careful follow-up.—Pittsburgh *Medical Bulletin.*

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## The Lucky (?) Epididymitis of George Washington

In a volume titled *Manuscript Notes of a Course of Lectures,* by William P. C. Barton, published in Philadelphia in 1818, there is an interesting account of a dinner given for Washington during his first term as President. Dr. Shippen was present, and Washington inquired about the state of health of the city, whereupon Dr. Shippen replied that there were no epidemics of any importance —that mumps was very prevalent, but that it was not necessary, of course, to give much attention to such an epidemic, as it was of so little consequence. But Washington dissented vigorously against such a conclusion, declaring the seriousness of the disease, for when young he had suffered from it severely, and in fact had not recovered from it in all respects. So the author of the *Manuscript Notes* records his belief that Washington must have suffered

or ability or methods of the physician on whom he is depending.

There are several important factors in developing desirable relationships between our nurses and the members of the medical profession. First of all, we must keep in mind that our relations with physicians should be no different outside the hospital than they were inside the hospital. We, as nurses, must not forget that the physician is our superior officer. Certainly, in the hospital we were thoroughly trained to the recognition of this fact. This recognition and respect must carry over into our relations as public health nurses.

The observance of professional ethics in the homes is a fundamental principle in public health nursing, just as it is in the school of nursing. However, it is much simpler to carry out in the hospital than in the home. In the hospital, the nurses and physicians work under a common administration which expects both the physician and the nurse to hold to its standards.

When a physician refuses to give the nurse a diagnosis, saying, as has happened a number of times, "There's no need for you to know the diagnosis; all you need to know is how to do your nursing work," there isn't much the nurse can do about it.

Requests for diagnosis, prognosis, and treatment recommendations are less likely to bring helpful information from the physician than a clear statement of why the nurse is visiting in the home, and an account of the nurse's visit to the patient, reporting conditions found and observations made. Usually a friendly discussion with the physician will bring forth more information regarding diagnosis and prognosis, than will direct and abrupt requests.

To some physicians it is necessary to explain why the nurse should have diagnoses. Knowing the diagnosis enables her to give more intelligent nursing care. She is more alert to certain signs shown by the patient, and, in turn, reports her findings to the physician in charge. Armed with a diagnosis, she knows whether or not special precautions are necessary for herself as well as for the members of the patient's family. She can do a better piece of positive health teaching. As for the Public Health Nursing Organization, it requires diagnoses for statistical purposes.

The approach to the physician is probably the most important factor in determining the relationship between the physician and the nurse. The new nurse in the district should introduce herself to the physicians in that district as early as possible. Her first few cases for a new physician in that district should be discussed with him personally, rather than by telephone. A friendlier relationship is established by personal interviews than is possible by telephone. The physician would probably feel kindly toward the nurse if he knew her, while her voice over the telephone may sound unfriendly and demanding, and therefore antagonize him.

Many times the nurse misses opportunities for discussion with the physician in the patient's home. The physician, at this time, probably has more time for discussion with the nurse than later when she calls him at a busy time in his office. The nurse must be careful, however, to confine the discussion to this one patient. She should not ask for orders or start a discussion about other patients in this patient's home. Perhaps, too, it would not be appropriate to talk much about this patient in her own home.

The nurse should not visit a physician's office during his office hours unless it is very urgent that she do so, or unless he wishes it. Most physicians do not like to have nurses interrupt their office hours by requesting a conference, especially when that

conference is generally in regard to free patients.

It is advisable for the nurse to read her new call slip carefully to get as much information about the patient as possible, and then to call the physician before her first visit to the patient. She can not then be criticized for visiting patients without the physician's knowledge. She is also better prepared to serve her patient when she visits the home. Since the nurse must be very careful not to make a second visit to a patient without first consulting the physician, it is sometimes necessary for her to call him from the nurse's office during the first hour of the day.

When a nurse calls a physician she should be prepared to give complete, detailed reports. She should also have all of his patients in mind so that she will not have to disturb him again.

Of course the public health nurse must never administer any treatment without a physician's order except in case of real emergency, and then she must call the physician as soon as possible to advise him of what has been done.

Finally, I believe that if all of our nurses were tactful in their dealings with physicians, there would be little friction in our relationship.—Pittsburgh *Medical Bulletin,* Dec. 9, 1939.

## FREE CLINICS REOPENED

The Out Patient Department of the Youngstown Hospital was reopened February 1 at the South Side Unit, after a lapse of six years. Sixteen different clinics will be in operation.

Only medically indigent patients not on relief will be accepted in the Out Patient Department, D. A. Endres, superintendent of the hospital, announced. Under the present arrangement, each case for admission must present a note from the family physician stating that the case is worthy of admission. In cases where patients do not bring notes they will be referred back to the family physician for treatment or for a recommendation for admission from him.

Clinics will be operated in the following branches: general medicine; general surgery; eye; nose, ear and throat; orthopedics; genito-urinary; thyroid; psychiatry and neurology; proctology; pediatrics; dermatology; cardiology; neurosurgery; tuberculosis; thoracic surgery; and pre-natal obstetrics.

The general medical and general surgical clinics will be held in the afternoons on Mondays, Wednesdays, and Fridays, while the tuberculosis and thoracic surgical clinics will be on Tuesday afternoon. All the other clinics will be held on different days during the mornings.

# February Meeting

February 20th, 1940

Youngstown Club

8:30 P. M.

•

speaker

## DR. GABRIEL TUCKER

Professor of Bronchology, Esophagology and Laryngeal Surgery

Graduate School—University of Pennsylvania
College of Medicine

Philadelphia, Pa.

•

Subject:

"Observations of General Medical Interest on the Diagnosis and Treatment of Benign and Malignant Tumors of the Larynx, with special reference to Cancer of the Larynx."

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The program this month will justify the presence of a large audience. While Dr. Tucker is an outstanding authority in his work and he speaks to many groups, this to him, is an occasion worthy of his best, as is proved by the following:

"I want to present something on benign tumors and malignant tumors, particularly cancer of the larynx, showing a number of slides and one or two rolls of moving picture film. The presentation will take up the importance particularly of diagnosis and treatment of these lesions of the larynx. The lantern slides will give the procedures in outline, and a statistical tabulation of the occurrence and results of treatment by the various methods in tumors of the larynx. The moving pictures will show mirror photographs of the larynx together with direct laryngoscopic photographs in color, and also will demonstrate the technic of diagnosis by direct examination and biopsy, and the operative procedures of laryngofissure and laryngectomy, their use in the treatment of carcinoma of the larynx."

Medicine is proud of such sons as Dr. Tucker—and our Society appreciates the honor of his coming.

## ANNUAL REPORT OF VENEREAL CLINIC

The following is a summary report of work done during 1939 by the Venereal Clinic of the City of Youngstown:

| | |
|---|---|
| Syphilis cases treated | 519 |
| Syphilis cases—New | 133 |
| Blood test taken | 774 |
| Blood tests—Positive | 307 |
| Blood tests—Negative | 467 |
| Spinal punctures taken | 110 |
| Spinal punctures—Positive | 19 |
| Spinal punctures—Negative | 91 |
| Syphilis cases hospitalized | 15 |
| Syphilis cases referred to Pvt. M.D. | 23 |
| Syphilis clinic visits | 6125 |
| Arsenicals given | 2742 |
| Arsenical reactions | 3 |
| Bismuth given | 3717 |
| Cases of G. C. treated | 260 |
| G. C. cases—New | 93 |
| G. C. smears taken | 173 |
| Smears—Positive | 61 |
| Smears—Negative | 112 |
| G. C. cases hospitalized | 2 |
| G. C. cases referred to Pvt. M.D. | 14 |
| Complications | 0 |
| G. C. Clinic visits | 1707 |
| Cases of Chanroid treated | 10 |
| Cases of Chanroid—New | 5 |
| Total Chanroid Clinic vists | 20 |
| Cases referred to Pvt. M. D. | 0 |
| Cases hospitalized | 17 |
| Urine test made | 708 |
| Urines tested for sugar | 708 |
| Urines positive for sugar | 10 |
| Urines negative for sugar | 698 |
| Urines tested for albumin | 708 |
| Urines positive for albumin | 15 |
| Urines negative for albumin | 693 |
| Other tests, specify, Micro. Exams. | 1124 |
| Darkfield Tests | 35 |
| Public Lectures | 45 |
| Field Visits | 505 |
| Other Service— | |
| Eye Exams | 15 |
| Heart Exams | 50 |
| Chest Exams | 50 |
| Cases of syphilis released as cured or arrested | 9 |
| Cases of G. C. released as cured or arrested | 49 |
| Total Clinic visits | 9185 |
| Total Cases | 789 |
| Personnel—Regular: | |
| Physicians | 2 |
| Nurse | 1 |
| Clerk | 1 |
| Laboratory | 1 |
| Orderly | 1 |
| Janitress | 1 |
| Rotating Service— | |
| Physicians | 4 |
| Nurses | 2 |
| Consulting Physicians | 2 |
| Total | 8 |

# YOUNGSTOWN HOSPITAL ASSOCIATION

## Annual Report—1939

The 57th annual report of the [S]uperintendent, D. A. Endres, of the [Y]oungstown Hospital to the board of trustees, January 20, 1940, shows that the institution enjoyed the best year in its history with a total of 11,516 patients being admitted to the North and South Units.

The highest number of patients in the two units at any one time was 412 for 1939, while the lowest was 257. The average for the year was 341 patients per day. The total number of admissions represents an increase of approximately 20 per cent over 1938, Mr. Endres pointed out.

There were a total of 1,309 births in 1939. The total number of hospital days of service was 124,686.

Other figures included in the report show the following: 6,999 operations; 53,730 laboratory examinations; 5,371 physio-therapy treatments; 9,138 x-rays; 9,717 x-ray treatments; and 4,632 ambulatory cases treated in the emergency departments.

In the Out Patient Department there were 3,032 visits in the orthopedic clinic; 893 in the Tuberculosis clinic; 210 in the cardiac clinic; and 320 in the dental clinic which was open only the last four months of the year.

Other figures are as follows:

| | *South Side* | *North Side* |
|---|---|---|
| Medical patients | 1,654 | 1,131 |
| Surgical patients | 4,197 | 1,988 |
| Labor | 316 | 978 |
| Newborn | 320 | 989 |
| *Patient Days* | | |
| Medical | 17,897 | 11,518 |
| Surgical | 54,125 | 19,627 |
| Labor | 1,923 | 9,306 |
| Newborn | 1,578 | 8,712 |
| Average days each patient | 11.6 | 9.7 |

# ST. ELIZABETH'S HOSPITAL

## Annual Report—1939

Total number of patients admitted 8,166. Representing about 30% increase over 1938.

| | |
|---|---|
| Total number of mothers delivered in hospital | 1223 |
| Total number of operations | 3593 |
| Total number Physio-Therapy treatments | 6148 |
| Total number patients treated in emergency department | 2745 |
| Total number patients in X-Ray Department | 6368 |
| Total number of Laboratory tests | 38967 |
| Average number days' occupancy | 8.3 |

For 1938, it was 9.8.

**New Internes for 1940**

Arby Lee Bailey, University of Michigan.

Paul B. Skelley, Jr., State University of Iowa.

Raymond J. Scheetz, Ohio State University.

Andrew Gregory Lasichak, Jefferson Medical College of Pennsylvania.

Donald J. Birmingham, St. Louis University.

**Residents**

Dr. Edward F. Hardman, Surgical Res., Temple University.

Dr. Johnston F. Osborne, Asst. Surg. Res., Temple University.

Dr. Nathan D. Belinky, Medical Res., University of Cincinnati.

SISTER M. GERMAINE,
*Superintendent.*

# THE ASSOCIATED HOSPITAL SERVICE, INC.

## Annual Report to Board of Trustees

The Associated Hospital Service, [I]ncorporated, was incorporated March [2]8, 1938, as the agent of St. Elizabeth's and the Youngstown Hospital Association for the purpose of providing low cost protection against hospital expense to the public and an [a]dequate per diem remuneration to [t]he hospitals for the care provided. As established, the service plan expected to experience a loss ratio of 80% and establish an adequate reserve from the other 20% after deducting operating expenses.

During 1939, our eighth to nineteenth month of operation inclusive, the Associated Hospital Service was able to increase its enrollment from

12,035 members to 32,558 members for a net increase of 20,523 persons. The membership represents 615 groups ranging from 5 to 823 subscribers. During the year the Association provided care for 2329 number of persons for 20,465 number of days. This represents payment to the hospitals of $112,736.37 or 77% of our total earned income. Operating expenses amount to $18,017.83 or 12.4%. This figures includes 18% operating costs for January which has gradually been reduced to 10.6% in December. It also includes the expense incurred in opening the Steubenville office in September.

The reserve accumulated for the year amounts to $16,456.01 or 11% of our earned income.

In spite of the fact that the first six months of the year showed a hospital experience far above normal, a careful selection of group risks and the vigilance of the medical profession enabled us to complete the year with an experience three percent below normal during a year in which hospitalization generally increased by 20% over the previous year.

Group Hospitalization is probably in its beginnings of development. In the past ten years 59 successful plans have been developed and approved by the American Hospital Association.

Nearly all of these pioneered some development of the service, in our case we were the first plan to sell full family service from the time of incorporation.

Some of these experiments have not been successful. In the effort to extend more coverage to the public some service plans have over reached themselves, and their endeavors have made retrenchment necessary.

During the coming year our experience should make an increase in Service benefits possible. However, I believe, that any contemplated expansion or adjustment should be postponed until after we have the experience of the first half of 1940 behind us.

5,000,000 persons are now being protected by free choice non-profit approved hospital service plans. It is the purpose of your Director to do all that can be done locally to develop what has become a national program.

Respectfully submitted,

ROBERT E. MILLS.

## ATTENTION, PLEASE!

Dr. Claude B. Norris,
244 Lincoln Avenue,
Youngstown, Ohio.

Dear Dr. Norris:

There are apparently a number of society members who are not familiar with the present requirements in reporting syphilis and the method of obtaining drugs by requisition. Therefore I wish to have published the following in the bulletin:

The "Report of Treatment for Syphilis" form (VD 11-E) is not acceptable in lieu of the "Physician's Venereal Disease Report" form (OVD 25) as a medium for reporting venereal disease cases.

When a physician has made a positive diagnosis of syphilis he should fill out form OVD 25 and mail it to the local health department and accompany it by a "Drug Requisition" for anti-syphilitic materials up to the amount of 10 ampoules of neoarsphenamine or bismuth or both if deemed necessary.

The State Department has received several requests for anti-syphilitic drugs for patients who have not been reported to the Bureau as being infected with syphilis. This condition, of course, has resulted in some confusion which I hope may be prevented by calling the above mentioned information to the attention of the local profession.

Very truly yours,

ROBERT G. MOSSMAN, M.D.,
*Commissioner of Health.*

# THE MEDICAL CRIER

**A Page of Sidelights News and Views in the Medical Field**

• In Detroit, Medical Relief has been administered by two methods. Some of the relief patients have had slips for medical or dental care issued and paid for under supervision of a Medical-Dental Bureau similar to our plan under supervision of our Committee on Indigent Relief. The others have been cared for by the City Physicians Office and Dispensary. As an economy measure, the city administration has announced that the Medical-Dental Bureau will be discontinued in February for the reasons that the city cannot support two separate departments to do the same work, and the City Physician's office on the basis of their figures has shown to be cheaper. Members of the medical, dental, pharmaceutical and nursing professions are strongly opposed to such action and are pointing out the fallacy of such false economy as well as the unreliability of the figures on which the decision is based. The City Physician agrees that his facilities are not sufficient to carry the added load. Doctors have been working on the basis of slips issued for house calls at $1.50 and office visits at .75. No physician is permitted to receive more than $100.00 from relief work in any one month. Some doctors have been giving patients hay fever injections, Antuitrin S and Theelin at the above rate. In addition any extra visits are made without the exchange of slips and those figures never appear on the records to show lower costs.

City officials must of necessity be cost conscious and must insist on economy, but it seems to us that the doctors of Detroit have been doing a fine job. There is a point where economy in medical care ceases to be a virtue and produces a low standard of practice which is worse than no care at all. Our experience in Mahoning County has clearly demonstrated that the administration of medical relief under supervision of a committee of professional people is the only way to maintain those high standards of medical care which are the tradition of American practice.

• Down in New Orleans the new Charity Hospital rises in pure white splendor thirteen stories from the soft Louisiana soil. Here Musser walks the medical wards and on the twelfth floor Ochsner operates. Students from Tulane Medical School in the beautiful Hutchinson Memorial Building next door throng its clinics. Doctors from all over the country come there for Postgraduate study. One can recognize the harsh Western speech, the nasal New Englander and the soft Southern drawl. Nearby curves the mighty Mississippi, its banks higher than the town. Paddle wheelers are tied up to the docks where cotton bales and bananas are piled. And across Canal Street is the Vieux Carre with its ancient houses adorned with lacy ironwork. Palms and palmettos, live oaks with moss hanging down, stretching wide arms to cover half an acre. Purple bougainvilla and roses blooming in January. Oyster bars, French restaurants, Cathedrals —what a place to combine vacation with study! That's where we are going to head for the next time we take a jaunt. The best time is at the end of January when one can see the old city suddenly transformed into Fairyland for its days of Mardi Gras. Gay people, eager to welcome and make the stranger feel at home. We liked them and hope we can go back there soon! J. L. F.

## OUR NIGHTINGALES

The Ohio State Nurses Association, at their annual meeting in February, elected the following officers for the ensuing year:

President, Miss Gernie Yoder; 1st Vice President, Sr. M. Germaine; 2nd Vice President, Miss Golda Kilpatrick; Secretary, Miss Ruth E. Neilson; Treasurer, Miss Jean M. Anderson; Trustees, Miss Dorothy Windley, Mrs. Gertrude Modarelli, Miss Hannah Hill, Miss Agnes Shay.

The Youngstown Hospital Nurses Alumnae, at their annual meeting, elected the following officers for the ensuing year:

President, Miss Sally Barclay; 1st Vice President, Mrs. Gabriel DeCicco; 2nd Vice President, Miss Sue Thomas; Secretary, Miss Edna Williams; Treasurer, Mrs. Otto Lentz; Trustees, Miss Agnes Sharkey, Miss Helen Sittig; Educational Council, Miss Gladys Francis, Miss Margaret Edwards.

Miss C. Marie Fawcett, R. N., Dover, O., an alumna of Philadelphia General Hospital, has assumed duties of Night Supervisor at the North Side Unit of Youngstown Hospital during the absence of Miss Edna Moore.

Miss Hannah Hill will leave for a vacation in Florida on the 18th of February.

Two of our members "took the vows" recently. Miss Lucille O'Donnell was married to Mr. Earl Davison on December 19, 1939, and Miss Kathleen Flickinger became the wife of Mr. Harold Rook on January 20, 1940.

### Casualties, Etc.

Miss Violet Francis Collingwood is convalescing following an operation at the North Side Unit of the Youngstown Hospital.

Miss Christina Nespeca is recovering from an attack of pneumonia at the South Side Unit of the Youngstown Hospital.

In connection with the series of discussions on professional subjects that are being given to the graduate nursing staff of both Units of the Youngstown Hospital. Dr. A. E. Brant presented an interesting discourse on "Personality and Nursing" last December. Dr. Paul Fuzy in January discussed the "Care of the Proctological Patient" to the nurses, which was considered informative and helpful to everyone.

Seven student nurses from the Youngstown Hospital School of Nursing began their affiliation January 1st, 1940, with Massillon State Hospital for Psychiatric Nursing. Eleven students from Massillon State Hospital arrived at the Youngstown Hospital School. This marked the beginning of Youngstown Hospital students' affiliation, though nurses from Massillon have been coming to Youngstown since January 1st, 1939.

## OUR NEIGHBORS

### Lawrence County Medics Elects

The Lawrence County (Pa.) Society has elected the following officers for 1940:

Dr. R. G. Campbell, President; Dr. C. F. Flannery and Dr. J. Lumen Popp, Vice-Presidents; Dr. John Foster, Treasurer; Dr. W. A. Womer, Secretary; Drs. C. M. Mitchell, A. W. Shewman and J. C. Smyser, Censors.

# NEWS and VIEWS

Several of the OOLR'S were out gathering rosebuds—of knowledge—this month.

Drs. E. C. Goldcamp, W. H. Evans, R. E. Odom, and O. J. Walker attended the Eastern Section Meeting of the American Laryngological, Otological and Rhinological Society held at Pittsburgh. Drs. Evans and Walker attended also the Mid-West Forum on Allergy, held in Chicago, January 13 and 14.

## New National Health Survey

In the September 15th, 1939, issue of "Public Health Reports," the plans and scope of a new health survey are outlined. The survey proposes to obtain this information from a personal canvas of many thousands of people scattered "All Over."

The data to be collected is to include age, sex, color, marital condition, nativity, occupation and other collateral information.

Then morbidity data; frequency, nature and duration of illness and permanent impairment.

The investigation will include kind and amount of medical care, etc.

## Youngstown Hospital News

By F. C.

The January meeting of the staff was concerned with physiology of respiration and included a paper by Dr. Agricola and gaseous interchange followed by a movie presented by the Ciba Co., showing the effects on the cardio-respiratory system of various stimulants. This movie was repeated later in the month for the benefit of members who could not be present at the first showing.

Weekly clinical-pathological conferences held at 11:30 a. m. each Friday have been given over to several of the special topics in diseases of the lungs during the month of January. Primary tumors of the lung was presented with Drs. S. W. Weaver, J. P. Keogh, E. C. Baker, and G. B. Kramer leading the discussion. The first conference on pneumonia did not afford enough time for a complete discussion and two more clinics are planned—one on treatment of pneumonia and another on gross and microscopic changes in the lung in pneumonia to be presented early in March by Dr. Kramer, hospital pathologist.

Dr. Morris Deitchman has taken off for the south land for a three-week vacation.

Mr. Hubler, assistant superintendent at the South Side, is still nursing a fractured wrist.

## St. Elizabeth's News

By S. T.

Dr. Walter M. Solomon of Cleveland addressed the Staff of St. Elizabeth's Hospital at its January meeting on Physiotherapy. He stressed the value of the various appliances available and devoted considerable discussion to the Hypertherm.

St. Elizabeth's Hospital announces the acquisition of a Liebel Flarsheim Hypertherm. This was donated to the Mahoning County Medical Society and the Hospital by the Veterans of Foreign Wars. The Hypertherm is under the supervision of Dr. I. C. Smith and nurse Anastasia Ryan. Dr. Smith and Miss Ryan took a special course in Dayton on the Therapeutic indications and use of this apparatus.

Dr. P. R. McConnell is back on the job after several days in bed at St. Elizabeth's Hospital with the "flu."

The following appointments have recently been made to the Staff of St. Elizabeth's Hospital: Dr. J. J. McDonough, Junior Obstetrical; Dr. Vernon L. Goodwin, Junior E E N T;

Dr. Asher Randall, Active Medical and Dr. Harold Reese, Associate Medical.

Dr. E. C. Mylott is convalescing from a recent tangle with an automobile. He suffered a couple of cracked ribs and numerous bruises.

Dr. and Mrs. A. M. Rosenblum are on an extended Florida vacation.

## PROGRESS NOTES

**By Samuel J. Klatman, M. D.**

J. C. Edward, T. E. Kirchner, and L. D. Thompson report in the Society Proceeding of Experimental Biology and Medicine, November, 1939, that a study of a series of cases of pneumonia treated with sulfapyridine revealed no modification of the immune response to the pneumococcus as compared with cases treated symptomatically.

*

Vaginal discharge in a child is a diagnostic problem. Report of a case: A female child five years of age had as the main symptom a foul smelling, brownish colored vaginal discharge which was first noticed about two years ago. She was examined and smears taken for the presence of Neisserian infection. These proved negative and she was treated with irrigation. The discharge would clear up but later recur. Examination revealed a well developed and fairly well nourished female child showing a dark grayish foul smelling discharge coming from the vagina, and a reddish excoriation of the labia. A metal probe was passed into the vagina without discomfort to the patient and a hard metallic-like substance was encountered. Fluoroscopic and x-ray examination revealed the presence of a closed safety pin. This was removed with the prompt clearing up of the symptoms. I am indebted to Dr. E. R. Thomas for this lesson in diagnosis.

*

There is an average increase in finger volume of 4.6 following the injection of estrogen into 20 normal male adults, according to a report by Reynolds and Foster, in the November, 1939, *Journal of Clinical Investigation*. They believe that this is due to the vasodilatation effect of the drug on the small vessels of the skin beyond the arterioles. There is no measurable increase in the rate of blood flow in the skin nor is there any change in the skin temperature.

*

If the newspaper publicity regarding the 4-day syphilis cure has brought inquiries, you can find the correct answer in the Jan. 27, 1940, issue of the *Journal of the American Medical Association* under Queries and Minor Notes.

## DR. TIMS LED S. H. S.

Dr. Walter Tims, Chairman of the Public Health Committee of the Youngstown Junior Chamber of Commerce, had charge of the recent "National Social Hygiene Day" in Youngstown, February 1st. This day was set apart by the American Social Hygiene Association, and was sponsored by the Junior Chamber of Commerce.

Objectives: To bring to our citizens more knowledge of syphilis and gonorrhea, a greater realization of their serious prevalence, and a better appreciation of the fact that it is entirely possible, with the intelligent coöperation of our people, to reduce their incidence to comparative unimportance.

Dr. Tims' efforts were quite successful, and he and the Junior Chamber of Commerce share the gratitude of our Profession.

# THE OBSTETRIC PELVIS

L. Jay Goldblatt, M.D., LL.B.

"A knowledge of the female bony pelvis is the very alphabet of obstetric science and the foundation of obstetric art."—J. Clifton Edgar.

A detailed study of the female pelvis is an absolute essential for the proper understanding of the mechanism of labor, since it is from disproportion between its size and that of the fetus or from abnormalities in its shape or construction that many of the difficulties during labor arise.

A description of the anatomy of the pelvis may be found in standard text books so that it is not necessary nor desirable to encumber this article with a detailed exposition. However, a review of certain facts and highlights is required for the proper development of this discussion.

The first accurate description of the pelvis was made by Vesalius, the great anatomist of the sixteenth century, in 1543. Little improvement or modification of his delineation has been recorded by subsequent observers.

The anatomical pelvis is made up of four bones: the two ossa innominata, the unnamed bones; the sacrum, derived from sacer, sacred; and the coccyx, so named because it was thought to resemble the cuckoo's beak. The obstetric pelvis includes, in addition to these four, the last lumbar vertebra. This osseous formation comprises the static pelvis. The soft parts and the parturient canal within the bony girdle constitutes the dynamic pelvis. The former is bony, stable and passive. The latter is soft, pliable and active.

The obstetricians of the sixteenth and seventeenth centuries maintained the theory of the separation of the pelvic bones during parturition. Paré and Pinaeus were zealous advocates of this theory. Mauriceau, famous French accoucheur, in the most important treatise on obstetrics in the seventeenth century, denied the separation theory as well as the necessity for separation.

Recently this question has again been the subject of observation and controversy. Donald Thorp and William Fray[1] have reported a series of 34 cases in which there was definite widening of the symphysis pubis averaging 5 mm. Joseph B. DeLee[2] reports having delivered a woman three times, and that each time there was a marked diastasis of the pubic bones.

It has been recognized that there is movement in the joints between the pelvic bones and that swelling and softening of the joints occurs during pregnancy. In addition to the increase in the diameters produced by these factors a protective mechanism is also thus created which serves to mitigate the stress and strain on the spinal cord, the uterus, and the fetus. The greatest mobility is exerted at the sacro-coccygeal joint, less at the pubic, and least at the sacro-iliac. The sacrum can move as much as 1 cm. in an antero-posterior diameter. The use of the Walcher posture is based on this fact.

The normal obstetric pelvis is defined as one that permits the delivery of the average size child without an unduly difficult labor. This definition allows for wide variations in shape and size. The shape of the normal pelvis has been described as a cylinder contracted near its middle. The first American drawing of a pelvis was made by Bard in 1815.

The factors tending to produce the marked differences in the shape and size of individual adult pelves are due to sex, influences of infancy and childhood, nutrition, mechanical and developmental faults, race, and disease.

### The Inlet and the Outlet

The most important parts of the pelvis, obstetrically, are the inlet and outlet. The inlet, corresponding to the ilio-pectineal line supplemented by

the superior anterior margin of the sacrum and its alae, is the dividing line between the false pelvis above and the true pelvis below.

The pelvic inlet or superior strait is the entrance to the true pelvis. Its shape is that of a curvilinear triangle with the base behind and the apex in front. Pelvic deformities cause by far the greatest trouble at the inlet. Its obstetric landmarks are the symphysis pubis in front, the ilio-pectineal eminences and the lineae terminalis laterally, and the promontory of the sacrum posteriorly.

The pelvic outlet or inferior strait is the lower opening of the cavity of the true pelvis. Its shape roughly is that of a diamond, in labor becoming almost circular. The obstetric landmarks of the outlet are the pubic arch and the subpubic ligament anteriorly, the descending rami of the pubes and the rami of the ischii, with special emphasis on the ischial spines, laterally, the coccyx and the sacro-sciatic ligaments posteriorly.

**The Planes of the Pelvis**

The planes of the pelvis which are imaginary levels at different portions of the cavity are of special importance. They are:

1. The plane of the superior strait. This is the space available for the passage of the fetal head and trunk through the inlet.

2. The plane at the level of the suprapubic ligament extending backward to the middle of the second sacral bone.

3. The plane at the level of the ischial spines. At this level a rapid contraction of the pelvic cylinder begins.

4. The plane of the outlet extending around the extremity of the coccyx as a center and including the bottom or floor of the pelvis. This is the smallest transverse plane of the pelvis.

**Pelvimetry**

Smellie, in his "Treatise on Midwifery" (1752), first gave definite pelvic measurements for normal and abnormal pelves. He also described the axis and inclination of the pelvis. Baudeloque, in 1790, described the method of measuring the diagonal conjugate by means of "the forefinger introduced into the vagina and properly directed—to make known the little diameter of the superior strait." He devised his own pelvimeter and used it in conjunction with Contouly's internal pelvimeter which made its appearance in 1778.

The depth of the pelvis anteriorly, from the tip of the coccyx to the inferior edge of the symphysis pubis, is 5 cm., posteriorly, a straight line from the center of the sacral promontory to the tip of the sacrum, is 12.5 cm.

The external diameters of the pelvis are known as:

1. Interspinous. Between the outer edges of the anterior superior iliac spines.

2. Intercristal. Between the outer edges of the iliac crests at most widely separated points.

3. External conjugate, Baudeloque's diameter. From the depression below the spinous process of the fifth lumbar vertebra to the upper border of the symphysis pubis. This is also known as the conjugate vera anatomic.

4. Intertrochanteric. Between the external surfaces of the great trochanters of the femurs.

5. Left oblique. From the left posterior superior spine of the ilium to the right anterior superior spine.

6. Right oblique. From the right posterior superior spine of the ilium to the left anterior superior spine of the ilium. The right and left oblique diameters should be equal. In Naegele's pelvis there is considerable difference between the two.

7. Antero-posterior. Between the sacro-coccygeal joint and the lower border of the symphysis pubis.

Internal pelvimetry is important for the determination of the existence of pelvic deformity and the size of the pelvic cavity. This examination re-

veals the general conformation and capacity of the pelvis, its depth and inclination, the inclination and thickness of the symphysis pubis, the shape and curve of the sacrum, and the flexibility of the coccyx.

The internal measurements required in suspected pelvic deformity are:

1. The sacro-pubic diameter. Between sacro-coccygeal joint and the suprapubic ligament.

2. The pubo-coccygeal diameter. Between the tip of the coccyx and the suprapubic ligament.

3. The diagonal conjugate. Between the center of the sacral promontory and the suprapubic ligament.

4. The true conjugate. Between the sacral promontory and the projecting point on the internal aspect of the symphysis. This can be determined also by creating a triangle on the diagonal conjugate, or with the aid of a Stein pelvimeter.

Greulich, Thoms and Twaddle[3] (Yale University) found an incidence of only 14.9 per cent of the "normal" female pelvis, as described in textbooks of anatomy and obstetrics, in a series of 582 primigravid white women. They also noted that women who resembled one another closely in size and general body build had pelves that were entirely dissimilar in size and shape, and that, conversely, women in whom the size and shape of the pelvic inlet were identical frequently had little in common in regard to general appearance and in external body dimensions.

These observations indicate the fallacy of attempting to judge the size and shape of the pelvis from external configuration and emphasize the value of roentgen pelvimetry.

The American Gynecological Society has set the following measurements for the standard pelvis:

| External measurements: | Inches | Cms. |
|---|---|---|
| Intercristal | 11.00 | 28.00 |
| Interspinous | 10.25 | 26.00 |
| External conjugate | 8.00 | 20.50 |
| External oblique | 8.75 | 22.50 |
| Bitrochanteric | 13.00 | 32.00 |
| External Circumference | 35.50 | 88.75 |
| **Measurements at the pelvic brim:** | | |
| Conjugate vera | 4.25 | 11.00 |
| Conjugate diagonalis | 5.00 | 13.00 |
| Transversa | 5.25 | 13.50 |
| Diagonalis | 5.00 | 12.75 |
| Circumference at inlet | 16.00 | 40.50 |
| **Measurements at the pelvic outlet:** | | |
| Antero-posterior | 3.75-4.25 | 9.00-11.00 |
| Transverse | 4.25 | 11.00 |
| (The larger figures are after pushing back the coccyx) | | |
| Circumference | 18.00 | 45.00 |
| Depth of pelvis: | | |
| Anterior (from tip of coccyx to lower end of symphysis pubis) | 2.00 | 5.00 |
| Posterior (straight line from center of sacral promontory to tip of sacrum) | 5.00 | 12.50 |

The following comparative table of measurements affords an idea of the differences in pelvic measurements due to race:

| | American | German | French | British |
|---|---|---|---|---|
| Conjugate vera | 11.00 | 11.20 | 11.00 | 10.30 |
| Transverse | 13.50 | 13.50 | 13.50 | 13.70 |
| Oblique | 12.75 | 12.30 | 12.00 | 12.70 |

**Pelvic Abnormalities and Deformities**

Aurantius, a pupil of Vesalius, first described the contracted pelvis in 1572. Mercurio in "La Comare" (1596) first noted narrowing of the pelvis by a curving inward of the os pubis as an indication for Caesarian section. Van Deventer, in a book for midwives published in Latin in 1701, first classified abnormal types of pelves as too large, too small, and too flat. This simple classification, while descriptive, has given way to numerous and frequently cumbersome designations.

The factors tending to produce deformed pelves according to Edgar[4] are: 1) Defective development. 2) Disease of the pelvic bones. 3) Irregularities in the junction of the pelvic bones. 4) Disease of those parts of the skeleton which are carried by the pelvis. 5) Disease of those parts of the skeleton which carry the body weight.

Abnormal types of pelves have been classified as follows:

1. Justo minor or small round pelvis. This is the symmetrically contracted pelvis. The female shape is preserved but the size is diminished.

2. Justo major is the generally equally enlarged type of pelvis.

3. Simple or nonrachitic flat pelvis in which the antero-posterior diameters are shortened. (Polak).

4. Rachitic flat pelvis in which the symphysis is deeper than normal and inclined backward.

5. Funnel pelvis. The outlet alone

may be involved in this type while the superior strait shows normal measurements. If both inlet and outlet show contraction it is classed as a generally contracted funnel pelvis.

Unusual types of pelvic contraction occasionally encountered are:

1. Obliquely contracted or Naegele pelvis. In this type the sacral ala on the deformed side is atrophied or entirely wanting.
2. Transversely contracted or Robert pelvis. It is due to failure of development of both sacral alae.
3. Scoliotic, kyphotic, spondylolisthetic, lordotic pelves. These are due to disease or deformity of those parts of the skeleton which are carried by the pelvis.
4. Other anomalies of the pelvis may be due to tumors, fractures and other diseases of the pelvic bones such as osteomalacia, rachitis, etc.

A more scientific and morphologic classification of obstetric pelves was recently proposed by Caldwell and Moloy[5], as follows:

1. The Gynecoid type is the normal female pelvis. The superior strait is blunt heart shaped.
2. The android type resembles the male pelvis. The superior strait is triangular.
3. The anthropoid type resembles the pelvis of the anthropoid ape. It corresponds to the transversely contracted type of pelvis. The superior strait is roughly elliptic with the long diameter anteroposterior.
4. The platypelloid type corresponds to the simple flat pelvis. The superior strait is roughly elliptic with the long diameter transverse.

Steele, Wing and McClane[6] of Cornell University report their results with stereoroentgenographic studies of pelves in accordance with the above classification. They found that the gynecoid type occurs in 62% of the cases; the android in 18.5% and was associated with 80% of the cases requiring section and 33⅓% of the remaining operative cases; the anthropoid type was found in 11.5%, in this group engagement is frequently delayed because of the relative transverse contraction of the inlet; the platypelloid formed 8% of the total and presented no unusual difficulties.

They believe that "pelvic architecture per se as a factor in dystocia deserves more consideration than it has received."

Thus the necessity for an intimate familiarity with the anatomy, physiology and pathology of the female pelvis becomes readily apparent. Without such adequate information the mechanics of labor and the causes of dystocia can be but imperfectly understood. It naturally follows that without a good working knowledge of the mechanics the correction and management of malpositions and malpresentations must perforce be without plan and extremely haphazard. A much desired reduction in maternal and infant mortality and morbidity demands a sound knowledge of these basic requirements.

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4. The Practice of Obstetrics. Edgar.
5. W. E. Caldwell and H. C. Moloy. Amer. J. Ob. Gyn. Vol. 26, 479 et seq. 1933.
6. Steele, Wing and McClane. Amer. J. Ob. Gyn. Vol. 35, 938-948, June 1938.

# Here's News

## . . . this new Tonic really TASTES GOOD!

In secondary or hypochromic anemia, anorexia, or general debilitation following illness or overwork, prescribe

## Syrup THYDRON

A *palatable* hematinic-tonic combining these two reconstructive agents:

1. **Ferrous Sulfate**—most readily utilized form of iron . . to restore hemoglobin level and red blood cell count.

2. **Thiamin Chloride**—pure crystalline vitamin $B_1$ . . to stimulate appetite, improve digestion, hasten hemoglobin response.

Each fluidounce Syrup Thydron contains ferrous sulfate, 16 grs., and vitamin $B_1$ as thiamin chloride, 300 international units. Dose: one tablespoonful in quarter-glass water twice a day . . . a prescription for 16 ounces provides two weeks' medication.

*Pleasant taste—for patient cooperation*

Syrup Thydron is truly palatable . . . it's one tonic your patients will take regularly, according to your instructions.

*Also, Thydron Tablets*

Each Thydron Tablet contains ferrous sulfate, 5 grs., and vitamin $B_1$ as thiamin chloride, 100 international units. Bottles of 100.

Write for literature and a sample of Syrup Thydron —***Taste it.***

**THE WM. S. MERRELL COMPANY**

**Founded 1828 • Cincinnati, U. S. A.**

# OLEUM PERCOMORPHUM (Liquid)

10 and 50 cc. brown bottles in light-proof cartons. Not less than 60,000 vitamin A units, 8,500 vitamin D units (U.S.P.) per gram.


# OLEUM PERCOMORPHUM (Capsules)

Especially convenient when prescribing vitamins A and D for older children and adults. As pregnancy and lactation increase the need for vitamin D but may be accompanied by aversion to large amounts of fats, Mead's Capsules of Oleum Percomorphum offer maximum vitamin content without overtaxing the digestive system. 25 and 100 10-drop soluble gelatin capsules in cardboard box. Not less than 13,300 vitamin A units, 1,850 vitamin D units (U.S.P.) per capsule. Capsules have a vitamin content greater than minimum requirements for prophylactic use, in order to allow a margin of safety for exceptional cases.

**FOR GREATER ECONOMY,** the 50 cc. size of Oleum Percomorphum is now supplied with Mead's patented Vacap-Dropper. It keeps out dust and light, is spill-proof, unbreakable, and delivers a uniform drop. The 10 cc. size of Oleum Percomorphum is still offered with the regulation type dropper.

***Uses:*** For the prevention and treatment of rickets, tetany, and selected cases of osteomalacia; to prevent poor dentition due to vitamin D deficiency; for pregnant and lactating women; to aid in the control of calcium-phosphorus metabolism; to promote growth in infants and children; to aid in building general resistance lowered by vitamin A deficiency; for invalids, convalescents, and persons on restricted diets; for the prevention and treatment of vitamin A deficiency states including xerophthalmia; and wherever cod liver oil is indicated.

**MEAD JOHNSON & COMPANY**
**Evansville, Indiana, U.S.A.**

## ETHICALLY MARKETED

We purposefully selected for these products classic names which are unfamiliar to the laity, or at least not easy to popularize. No effort is made by us to "merchandise" them by means of public displays, or over the counter. They are advertised only to the medical profession and are supplied without dosage directions on labels or package inserts. Samples are furnished only upon request of physicians.

***If You Approve This Policy Specify* MEAD'S**

# OLEUM PERCOMORPHUM

**Ethically Marketed — Not Advertised to the Public**

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.